

CARNIVAL APPLICATION

LMC Chapter 5.32

FEE: \$10.00; Time Limit: 2 weeks

RETURN TO:

CITY CLERK'S OFFICE, 555 S. 10TH ST., LINCOLN NE 68508

Please PRINT using blue or black ink only.

APPLICANT'S INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE#:		CELL#:		FAX #:	

OWNER'S INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE#:		CELL#:		FAX #:	

OUTDOOR AMUSEMENT BUSINESS CONSISTS OF: (check all that apply)							
SIDESHOWS:		ANIMAL RIDES:		GAMES:		EXHIBITIONS:	
RIDING DEVICES:		VAUDEVILLE:		CONCESSIONS:		OTHER:	

LOCATION INFORMATION					
NAME:					
STREET ADDRESS:		ZIP:		PHONE #:	

OPERATION INFORMATION	
LENGTH OF OPERATION:	
HOURS OF OPERATION:	
REASON FOR CARNIVAL:	
PERSON IN CHARGE:	

Date

Applicant's Signature

Applications are available on the City's web site at "www.lincoln.ne.gov"

REFERRALS

HEALTH OFFICER: Approved _____ Denied _____ Date _____

HEALTH OFFICER SIGNATURE: _____

COMMENTS: _____

